

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

Establish	ment Nan	1e	tion of each violation is specified in the narrative portion of	f this report.	ara on stillife	ut Sanitation	Requirements.	
Holi,	day =	ĹΛΛ	umber and street, city, state, zip code)	Telephone Number	(mm/dd	• •	PERMIT#	
SO6 Owner	W. 5	<u> Pri</u> ~	J St. New Albert, 12 47157	687 788 4343	5/1	1/20	19-140	
Noble Mangent Group Owner's Address				Purpose: 1. Routine	Follow-up Release Date			
Person in				Follow-up 3. Complaint	Summary of Violations:			
_	y Wi	lim	1 5	4. Pre-Operational	$C_{NC} Z_{R} 3$			
Certified I				5. Temporary 6. HACCP	Menu Type (See back of page) 1 2 3 4 5			
Exem	<u>ء - اح</u>	<u>onti</u>	utul brænkfusts only	7. Other (list)				
· CRITICA) · VIOLATI	L ITEMS A	RE ID. EATEI	ENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "S	MARKED "C" FUMMARY OF VIOLATIONS" AN	ND IN TOP:	NADD ATTER		
		_	Narrative		AT THE		rrected By	
438	C	R	Observed valabeled churical sprayer	(pink)				
245	76	R	Observed niping rags allowed to dry fortside of savitives Observed no hand tonels annihille at prop handrink				Corrected	
47	٣٢	R	Observed no hand fone's available	at prop handrink	ς	<u></u>	cha	
			-Discussed Cavid 19 protocols m	d procedures				
ceived by (n	name and ti	tle pri	Miams General Marage	Inspected by (name and title prin		(EHS)		
YYH				<u>4</u> けり・レ	\arain	したけ) /	1	
ceived by (s	ignature:	 		Inspected by (signature):	Gá			